

01-22-02

EL 844054653

Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MI22-1795

First Inventor or Application Identifier Li Li

Title Methods of Forming Integrated Circuitry, Semiconductor Processing ...

Express Mail Label No. EL 844054653 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 26]
(preferred arrangement set forth below)

- Descriptive title of the Invention Plus title page
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 5]

4. Oath or Declaration [Total Pages 2]

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable Copy
- b. Paper Copy (identical to computer copy)
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))

8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney

9. English Translation Document (if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Statement (IDS)/PTO-1449 Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

- * Small Entity Statement(s) Statement filed in prior application (PTO/SB/09-12)
- 13. Status still proper and desired
- 14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 15. Other: Check for \$1,350.00: Power of
Attorney/Certificate by
Assignee

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021567		or	<input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)					
Name	Mark S. Matkin				
	Wells St. John P.S.				
Address	601 West First Avenue, Suite 1300				
City	Spokane	State	WA	Zip Code	99201-3828
Country		Telephone	509-624-4276	Fax	509-838-3424

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268	
Signature			Date	1/16/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$1,350.00)

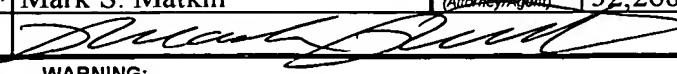
Complte if Known

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Li Li
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	MI22-1795

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:								
Deposit Account Number	23-0925							
Deposit Account Name	Wells St. John P.S.							
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17								
2. <input checked="" type="checkbox"/> Payment Enclosed:		<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other				
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid					
101 690	201 345	Utility filing fee	740.00					
106 310	206 155	Design filing fee						
107 480	207 240	Plant filing fee						
108 690	208 345	Reissue filing fee						
114 150	214 75	Provisional filing fee						
SUBTOTAL (1)		(\$1,350.00)						
2. EXTRA CLAIM FEES								
Total Claims	Extra Claims	Fee from below	Fee Paid					
47	-20** = 27	18	486					
Independent Claims	4 - 3** = 1	84	84					
Multiple Dependent			0					
*or number previously paid, if greater. For Reissues, see below								
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid					
103 18	203 9	Claims in excess of 20						
102 78	202 39	Independent claims in excess of 3						
104 260	204 130	Multiple dependent claim, if not paid						
109 78	209 39	** Reissue independent claims over original patent						
110 18	210 9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)		(\$1,350.00)						
Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$1,350.00)				

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268	Telephone	509-624-4276
Signature			Date	1-16-02	

WARNING:

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